AO 435 (Rev. 04/18)	ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	FOR COURT USE ONLY
	TRANSCRIPT ORDER	**DUE DATE:**

Please Read Instructions:

1. NAME Kenneth A. Reynolds	2. PHONE NUMBER (631) 994-2220	3. DATE 12/4/2020
4. DELIVERY ADDRESS OR EMAIL 105 Maxess Road, Suite 124	5. CITY Melville	6. STATE NY	7. ZIP CODE 11747

8. CASE NUMBER 20-20230	9. JUDGE Warren	DATES OF PROCEEDINGS
		10. FROM 9/11/20	11. TO 10/23/20 — telephonic hearings

12. CASE NAME Rochester Drug Cooperative, Inc.	LOCATION OF PROCEEDINGS
	13. CITY	14. STATE

15. ORDER FOR

☐ APPEAL ☐ CRIMINAL ☐ CRIMINAL JUSTICE ACT ☒ BANKRUPTCY
☐ NON-APPEAL ☐ CIVIL ☐ IN FORMA PAUPERIS ☐ OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	
☐ SENTENCING		Hearing on motion	9/11/20 docket number 743
☐ BAIL HEARING		Hearing on motion	10/23/20 docket number 88

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)	ESTIMATE TOTAL	0.00
18. SIGNATURE Kenneth Reynolds	PROCESSED BY	
19. DATE 12/4/2020	PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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